STATE OF MARYLAND—CERTIFICATE OF DEATH

10704

1. PLACE OF DEATH

County Howard — Registration Dist. No. 191

Village or City near Oella — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles H. Colthurst — If U. S. ~~Veteran, specify WAR~~ ENLISTED ARMY DISCHARGED SEPT. 25, 1911

(a) Residence: No. Cockeysville, Md. (Usual place of abode) St., ____ Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) June 14, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Hand +

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gardner

10. Date deceased last worked at this occupation (month and year) 10-3-40

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Ontario (Hamilton) (State or country) Canada

FATHER

13. NAME Charles Colthurst

14. BIRTHPLACE (city or town) Belfast (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth McIntee

16. BIRTHPLACE (city or town) Ontario (State or country) Canada

17. INFORMANT Mrs. Florence E. Allen (Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Cem Date Oct-14, 1940

19. UNDERTAKER Easton Sons (Address) Ellicott City, Md.

20. FILED Oct 14, 1940 John B. Loughran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1940, to Oct 10, 1940

I last saw him alive on at no time; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Diabetic gangrene +	
Coma	

Other Contributory Causes of Importance:

Drowned	10-6-40

Name of operation ____ Date of ____

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-10, 1940

Where did injury occur? Patapsco River Ellicott City Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place

Manner of injury Drowned while in coma

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Alpha N. Herbert MD

(Signed) Deputy Medical Examiner Howard Co.

(Address) Ellicott City Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

10705

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County: Howard

City or town: Ellicott City.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Fells Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard.

City or town: Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Fell Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME David Cross.

3. (b) Social Security Number 213-18-7304 220-07-5970

4. Sex: M

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Georgiana Cross.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years: 71 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Randallstown, Md.
(Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business: —

FATHER
12. Name: Nicholas Cross
13. Birthplace: Md

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: Mrs. Herbert Baker

Address: Ellicott City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-14-40 (month) (day) (year)

Cemetery or crematory: St Louis Cem.

Location: Clarksville, Md.

18. Funeral director: F.C. Higinbotham Jr.

Address: Ellicott City, Md

19. 10-12 1940 (Date rec'd by registrar) John B Laughan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-10 1940, at 4 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-10 1940, to 10-10 1940 and that I last saw him alive on at no time 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 min
Due to Hypertensive	
Due to Cardio vascular disease	?
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Alpha N Herbert MD Deputy Medical Examiner Howard Co. M. D. or other

Address: Ellicott City, Md Date signed: 10 12 40

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 17 1940
BUREAU V. S.

10706

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No. Columbia Pike
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Isabelle Day

3. (b) Social Security Number

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Evan Day

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 12, 1865

8. AGE: Years 75 | Months 2 | Days 17 | If less than one day ..... hrs. ..... min.

9. Birthplace Woodbine Md.
(Town, county, and state)

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Aaron Pool
13. Birthplace Md

MOTHER
14. Maiden name unknown
15. Birthplace "

16. Informant Mrs. Florence Schupback
Address Ellicott City Md.

17. Burial Date thereof 11 1 40
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Providence

Location Glenelg

18. Funeral director F. C. Higinbotham Jr
Address Ellicott City Md.

19. Oct. 31, 1940 John B. Loughran
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1940, at 7 50/P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1 1940, to 10-29 1940 and that I last saw her alive on 10-29 1940

Immediate cause of death: Arteriosclerotic Cardio-vascular disease — DURATION: 1 year

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings of operations none
Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burgtorf M.D. M.D. or other

Address Ellicott City, Md. Date signed 10-31-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH

10707

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Laurel (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Accident.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Baltimore

City or town Pikesville (If outside city or town limits, write RURAL and give nearest town)

Street No. 4119 Milford Rd. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Carroll Bolton Fletcher

3.(b) Social Security Number 216-03-9421

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Bessie L. Fletcher

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 6, 1897

8. AGE: Years	Months	Days	If less than one day
43	3	24	..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Fireman

11. Industry or business B+O. R.R

FATHER 12. Name John Bolton Fletcher

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Ellen Shamberger

MOTHER 15. Birthplace Maryland

16. Informant Mrs. Bessie L. Fletcher

Address 4119 Milford Ave, Pikesville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/2/40 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Pikesville Md.

18. Funeral director Wm. J. Tickner + Sons

Address North + Pa. Ave, Balto.

19. 10/30/40 19 (Date rec'd by registrar) Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940 at 8:18 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1940 to Oct 30 1940

and that I last saw h... alive on at no time 19...

Immediate cause of death	DURATION
Compound fracture of skull	1 hr.
Due to Railway accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Accident Date of 10-30-40

Where did injury occur? Laurel (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?) B+O Railroad

Means of injury Fell off moving train Injured at work? yes

23. SIGNATURE Alpha N. Herbert M.D. Deputy Medical Examiner Howard Co. M. D. or other

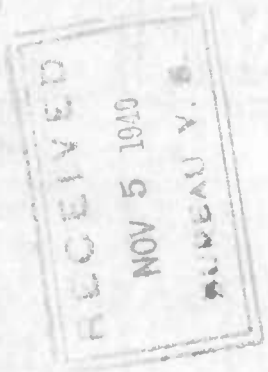
Address Ellicott City Md. Date signed 10-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Lafayette 4321



STATE OF MARYLAND—CERTIFICATE OF DEATH 10708

V. S. No. 1 (T)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (50)

County Howard Registration Dist. No. 193

Village or City Lisbon Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Henderson

(a) Residence: No. Lisbon, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co. (State or country) Maryland

FATHER

13. NAME Nicholas P. Henderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nettie M. Warfield

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Nettie Henderson (Address) Lisbon, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Grove Cem. Date Oct. 21, 1940

19. UNDERTAKER C. M. Waltz (Address) Woodbine, Md.

20. FILED Oct-21-, 1940 E. Pearl Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 18, 1940 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from September, 1939, to October 18, 1940

I last saw her alive on October 17, 1940; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcenoma of left breast	1938
Metastisis	Jan 1940

Other Contributory Causes of importance:

Name of operation Amputation of Breast Date of 1939 Dec

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Wes disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Stanley Grabill M. D.

(Address) Mt. Airy, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: Howard
City or town: Ellicott City, Md
(If outside city of town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Ellicott City (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Florence Charlotte Kemp

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Dec 27, 1894

8. AGE: Years	Months	Days	If less than one day
45	9	21	..... hrs. ..... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation House-work
11. Industry or business —
FATHER 12. Name Jacob J. Kemp
13. Birthplace Md.
MOTHER 14. Maiden name Annie A. Baker
15. Birthplace Md
16. Informant V. Kenneth Groomes
Address Ellicott City, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-10-40 (month) (day) (year)
Cemetery or crematory Rockville Cemetery
Location Rockville, Md
18. Funeral director J. C. Higinbothom
Address Ellicott City Md.
19. Oct. 10 1940 (Date rec'd by registrar) John B. Langhan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 7 1940, to Oct 7 1940
and that I last saw h. alive on at no time 19.....

Immediate cause of death	DURATION
Coronary thrombosis	2 min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Alpha N. Herbert M.D.
Deputy Medical Examiner Howard Co.
M. D. or other
Address Ellicott City Md. Date signed 10-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

10710

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:

County: Howard

City or town: Rural m Florence
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Rural m Florence Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R. D. Woodtine
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Charles E. Phetus

3. (b) Social Security Number: 214-16-1273

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 9, 1909

8. AGE: Years: 30 Months: 10 Days: 21 If less than one day: hrs. min.

9. Birthplace: Howard Co. Maryland.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Charles Edward Phetus
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Florence G. Wright
15. Birthplace: Maryland.

16. Informant: Mrs. Florence G. Phetus.

Address: R. D. Woodtine, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov. 1, 1940 (month) (day) (year)

Cemetery or crematory: Jennings Chapel

Location: M. Florence Howard Co. Md.

18. Funeral director: C. M. Waltz

Address: Winfield, Md.

19. Date of — 1940 (Date rec'd by registrar) E. Pearl Mercer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10 - 30 1940, at 12 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-30 1940, to 10-30 1940, and that I last saw him alive on no date 19

Immediate cause of death: Compound skull fracture frontal region — DURATION: instant

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 10-30-40

Where did injury occur? Lisbon (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?): Florence Rd.

Means of injury: auto accident Injured at work? no

23. SIGNATURE: George E. Burgtorf M.D. M. D. or other acting deputy medical examiner Howard Co.

Address: Elliott City Date signed: 10-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 5 1940
BUREAU V. S.

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

1 PM Herbert

10711

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard Co

City or town Waterloo
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Peiffers Corner
(If outside city or town limits, write RURAL and give nearest town)

Street No. Waterloo Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William H. Taylor Jr

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) May 11th 1928

8. AGE:

Years	Months	Days	If less than one day
12	5	19	___ hrs. ___ min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual occupation Scholar

11. Industry or business Public School

FATHER
12. Name William H. B. Taylor
13. Birthplace Balto Md.

MOTHER
14. Maiden name Nettie A. Hooper
15. Birthplace Balto. Md

16. Informant William H. B. Taylor

Address Peiffers Corner Howard Co. Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov. 2, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ London Park 11/2/40

Location Balto. Md.

18. Funeral director William Cook

Address 1217 St. Paul St

19. Oct. 31, 1940 (Date rec'd by registrar) John B. Loughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30th 1940, at 5 45 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30th 1940, to Oct 30 1940 and that I last saw him alive on at no time 19

Immediate cause of death	DURATION
Fracture of skull at base of brain	1 min
Due to Automobile accident	
Due to	
Other conditions Crushed chest	—

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-30-40

Where did injury occur? Waterloo (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Automobile accident Injured at work? no

23. SIGNATURE Alpha N Herbert MD Deputy Medical Examiner Howard Co M. D. or other

Address Ellicott City Md Date signed 10-31-38

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10712

Reg. Dist. No. 193

1. PLACE OF DEATH:
County: Howard
City or town: Poplar Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 79 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Poplar Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Mary Jane Tucker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife: Edward A. Tucker
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 16, 1861

8. AGE: Years: 79 | Months: 5 | Days: 6 | If less than one day: hrs. min.

9. Birthplace: Howard Co., Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: George A. Grimes
13. Birthplace: Howard Co. Md.

MOTHER
14. Maiden name: Louisa Snyder
15. Birthplace: Howard Co. Md.

16. Informant: Mrs. Edgar M. Tucker
Address: R-D. Mt. Airy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-25-40 (month) (day) (year)
Cemetery or crematory: St Johns
Location: Ellicott City Md

18. Funeral director: J. C. Hyattsbottom
Address: Ellicott City Md.

19. Oct 24 1940 (Date rec'd by registrar) E. Pearl Spencer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 22 1940, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 28 1940, to Oct. 22 1940, and that I last saw h-- alive on Oct. 22 1940

Immediate cause of death	DURATION
Cerebral Thrombosis - Causing Paralysis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George M. Boyer M. D. or other
Address: Damascus, Md. Date signed 10-22-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU U. S.

10713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County: Howard

City or town: Rural near Laurel
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Approx. 10 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Howard

City or town: Rural near Laurel
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Harry E. Wallace

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Alice Wallace

6.(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): April 1st 1869

8. AGE:

Years	Months	Days	If less than one day
71	6	25	hrs. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual occupation: Clerical

11. Industry or business: Shipping Board

FATHER
12. Name: Joseph Wallace
13. Birthplace: Balto Md

MOTHER
14. Maiden name: Anna Curry
15. Birthplace: Balto. Md.

16. Informant: Mrs. Alice Wallace
Address: Laurel Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 10/28/40 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Balto Md

18. Funeral director: William Cook
Address: 1217 St. Paul st

19. 10/26/40. 19
(Date rec'd by registrar)
Frank Shipley
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 26th 1940, at 1:30 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15th 1940, to Oct 26th 1940 and that I last saw him alive on Oct. 26th 1940

Immediate cause of death	DURATION
Arterio-Sclerosis.	3 yrs
Chr. Nephritis.	?
Due to Hypertrophied Prostate.	2 yrs
Due to Uraemia	48 hrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op.

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Frank Shipley, M.D.
M. D. or other

Address: Savage, Md. Date signed: 10/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

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NOV 5 1940
BUREAU V. S.